



DEPARTMENT OF PUBLIC SAFETY
STATE FIRE MARSHAL'S OFFICE
52 STATE HOUSE STATION
AUGUSTA, ME 04333-0052



Tel. 207-626-3880

Fax. 207-287-6251

"TYPE or PRINT CLEARLY"

APPLICATION TO USE EXPLOSIVES

NAME: _____ (LAST) (FIRST) (M.I.) (FILL IN NAME OF COMPANY OWNER)	COMPANY NAME: _____
DATE OF BIRTH: _____	BUSINESS ADDRESS: _____
SOCIAL SECURITY #: _____	TOWN: _____ COUNTY: _____ ZIP: _____
HOME ADDRESS: _____	BUSINESS TEL: _____ BUSINESS FAX: _____
TOWN: _____ COUNTY: _____ ZIP: _____	
HOME TEL: _____	

The following information and materials must be submitted with this application before the application can be processed.

- * A certificate of insurance in the amount of \$500,000.00 showing the Office of State Fire Marshal as the holder. The Certificate must state that the "State Fire Marshal will be notified at least 10 days prior to any cancellation".
- * A list of all employees using explosives including D.O.B.'s. Use space provided on back of this sheet. If more space is required use copies of the back of this sheet.

Fees for the User Permit are \$30 for three years. Fees for the required background checks are \$21.00 per person using or handling explosives. Changes in personnel shall be reported to the Office of State Fire Marshal with-in 48 hours.

	YES	NO
1. Are all employees that transport, handle and use over the age of 21 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you or any of your employees that use, transport or handle explosives under indictment for, or have been convicted of, a crime punishable by imprisonment for a term exceeding one year?	_____	
If the answer to question 2 is yes then list names of individuals and D.O.B.'s here.		
Name: _____	D.O.B.: _____	Name: _____
Name: _____	D.O.B.: _____	Name: _____
Name: _____	D.O.B.: _____	Name: _____
Name: _____	D.O.B.: _____	Name: _____
Name: _____	D.O.B.: _____	Name: _____

More space on back

3. Are you or any of your employees a fugitive from justice? _____
4. Are you or any of your employees that will be using, transporting or handling explosives a unlawful user of, or addicted to narcotics or dangerous drugs? _____
5. Have you or any employee that will be using, transporting or handling explosives been adjudicated as mentally defective? _____
6. Do you or any of your employees suffer from a mental or physical defect that would interfere with safe handling of explosives? _____
7. How many vehicles will you be using to transport explosives? _____
{Applications for all vehicles must be submitted at the same time as User application}
8. How many storage magazines including truck mounted magazines will you be using? _____
{Applications for all such magazines must be submitted at the same time as User application}

NOTICE: THE COMMISSIONER OF PUBLIC SAFETY, THE MUNICIPAL FIRE DEPARTMENT AND OTHER EMERGENCY RESPONSE AGENCIES SHALL BE NOTIFIED OF THE LOCATION OF ALL MAGAZINES AND SHALL BE NOTIFIED OF ANY CHANGES IN LOCATION. EXCEPTION: TRUCK MOUNTED MAGAZINES USED FOR TRANSPORTATION ONLY.

{Answer all questions on reverse side}

